

EVIDENCE

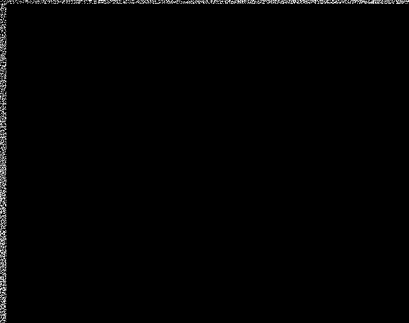
STATE POLICE  
SCIENCE LABORATORY  
SPRINGFIELD

EVIDENCE

ILLINOIS STATE POLICE  
FORENSIC SCIENCE LABORATORY  
SPRINGFIELD

ILLINOIS  
FORENSIC

*M. 12/5/11*



1051475

18

11

[illegible]

I acknowledge that I was advised of my visiting privileges in accordance with Department Rule 525. I understand that I am limited to 20 adult visitors (10 visitors for extremely high escape risks) in this facility and that my requested visitors are subject to approval. My attorney and associates of his or her law firm or agency count as one visitor. I am responsible for notifying my visitors when the facility is closed. A new visiting list is required to be completed at each facility to which I am assigned in emergency situations or for approved legal reasons. I further understand the Department may subsequently deny an A.

CL# 1051475  
Attachment# 18  
Page 2 of 11

8-17-07  
Req. est Date

*Erin J. Roberts*  
Chief Administrative Officer's Signature

822

☐ (Check only if applicable and sign below) The offender was provided the opportunity to complete and sign this form, and was advised that no visits will be approved unless the form is signed. He or she refused to sign.

\_\_\_\_\_  
Print Name of Staff

\_\_\_\_\_  
Staff Signature

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K1-132

[illegible]

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Chemical structures 1 through 15 are displayed, showing various substituted benzimidazoles and benzothiazoles. The structures include various functional groups such as amine, nitrile, and thioether, and are labeled with numbers 1 through 15.

2000

✓ 619242

3/2/10

[illegible]

CL# 1051475

Attachment # 18

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7-26-07

Downloaded from <http://ajphaphysiol.physiology.org/> by guest on September 11, 2012

Brenda R. Ford  
of American's Other's Sign

The first part of the paper describes the development of the model. The second part presents the results of the model. The third part discusses the implications of the results. The fourth part concludes the paper.

The character was provided the opportunity to complete and sign the form and was advised that no visit will be approved unless the form is signed. He

Print Name of Staff

Distributions: Normal; Poisson; Binomial; Negative Binomial; Geometric; Hypergeometric; Uniform; Exponential; Weibull; Gamma; Beta; F; Chi-Square; t; Logistic; Gumbel; Pareto; Cauchy; Order Statistics

# Salvage

Date: 02/02/2004 (EJ, 12/2003)  
(Refuges DC 710-1238)

女14

THIS FORM MUST BE COMPLETED AND RETURNED TO THE COUNTY CLERK

No. M17459

DEPARTMENT OF PUBLIC HEALTH

RETURN OF A MARRIAGE TO COUNTY CLERK

MARRIAGE LICENSE

ULIAN BARKAY DAILEY

with

STIEN ROCHELLE GODLEY

18/2007

Clerk

1. Full Name of Groom [REDACTED]
2. Place of residence: CENTRALIA CORRECTIONAL CENTER CENTRALIA, IL
3. Occupation: INCARCERATED
4. Age [REDACTED] Date of birth [REDACTED]
5. Place of birth: CHICAGO, IL
6. Father's name [REDACTED]
7. Mother's maiden name [REDACTED]
8. Number of groom's marriages [REDACTED]
9. Full name of Bride [REDACTED]  
Maiden name: GODLEY
10. Place of residence: [REDACTED]
11. Occupation: SALES REP
12. Age [REDACTED] Date of birth: [REDACTED]
13. Place of Birth: CHICAGO, IL
14. Father's name [REDACTED]
15. Mother's maiden name: [REDACTED]
16. Number of bride's marriage: 1
17. Married in the County of CLINTON COUNTY and State of IL

the 3rd day of August, 2007

18. Witness to marriage

N.B. At 18 give names of subscribing witnesses to the Marriage Certificate if no subscribing witnesses, give names of two persons who witnessed the ceremony

We hereby certify that the information above given is correct,  
to the best of our knowledge and belief.

*Julian Barkay Dailey* (Groom)  
*Stien Rochelle Godley* (Bride)

I hereby certify that the above is a correct return of a  
Marriage solemnized by me.

Dated at Centralia this 3rd day of August, 2007

K1-15  
h

CPD 0027676





## Offender Visiting List

Julian

Urgent

BRADY

C:\1052475  
Attachment 18  
Page 6 of 11

61-17 R

A. K-79242 4/19/07 Request Date

Chief Administrative Officer's Signature

Date \_\_\_\_\_

22

CPD 0027679

[illegible]

# Attorneys

Page 9 of 10

105-2975

an offender may only have 20 names and telephone numbers on his or her current Telephone List. Changes may only be made once per month except in emergency situations.

4/5/07 Request Date

Chief Administrative Officer's Signature

4/9/07 Date

4.502 by

61-12





## Offender Visiting List

Offender Name:

Activity Name:

CENTRAL

2011

**SECRET**

number: K-79242  
EAST 31 Bld

[illegible]

that I was advised of my visiting privileges in accordance with Department Rule 525. I understand that I am limited to 20 adult visitors (10 visitors for extremely high escape risks) including my attorney and that my requested visitors are subject to approval. My attorney and associates of his or her law firm or agency count as one visitor. I am responsible for notifying my visitors when they are not approved. I may only make changes once per month except in emergency situations or for approved legal reasons. A new visiting list is required to be completed at each facility to which I am assigned. I will not be permitted any visitors except in emergency situations. I further understand the Department may subsequently deny an approved

4/16/07 Date

Chief Administrative Officer's Signature

100

7. If you have decided the opportunity to complete and sign this form and was advised that no visits will be approved unless the form is signed. He or she refused to sign.

K1-2

\_\_\_\_\_  
 (Last Name)
 \_\_\_\_\_  
 (First Name)
 \_\_\_\_\_  
 (MI)

AILEY, hereby authorize officials of the Department of  
 (Offender Name)

to endorse, by stamp, any checks or money orders received on my behalf so that the full amount may be deposited in my  
 account.

I agree and agree that an endorsement pursuant to this authorization is for my benefit and that I shall be liable for any loss  
 to the Illinois Department of Corrections or the Inmates' Trust Fund from an altered, forged or otherwise uncollectable  
 deposited on my behalf.

\_\_\_\_\_  
 I have affixed my signature hereto.

01/23/2007  
 (Date)

\_\_\_\_\_  
 (Witness Signature)  
 01/23/2007  
 (Date)

CL# 1051475  
 Attachment# 18  
 Page 11 of 11  
 KI-22